

# CHRISTIANS 4 REPUBLICANS

201-10 104<sup>TH</sup> AVENUE  
ST. ALBANS, NY 11412

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2015 FEB -2 PM 12:35

FEC MAIL CENTER

January 26, 2015

Federal Election Commission

*By Certified Mail-Return Receipt*

*Requested*

999 E. Street NW

Washington, DC 20463

***Re: Filing of FEC Form 1, Statement of Organization for Christians 4 Republicans***

Dear Sir/Madam:

Enclosed for filing please find the original Statement of Organization (FEC Form 1) for Christians 4 Republicans, and the notification from the Christians 4 Republicans that the committee intends only to make independent expenditures.

If you have any questions, please contact the undersigned.

Thank you for your assistance in this matter.

Sincerely,



Schlisa Reddish

Encls.

Committee Name:

CHRISTIANS 4 REPUBLICANS

If registered, FEC ID:

Today's Date:

January 26, 2015

Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,



Treasurer's Name:

Schlisa Reddish

, Treasurer

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

CHRISTIANS 4 REPUBLICANS

ADDRESS (number and street)

201-10 104TH AVENUE

☐

(Check if address  
is changed)

ST. ALBANS

NY

11412

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address  
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address  
is changed)

2. DATE

1 / 26 / 2015

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

SCHLISA REDDISH

Signature of Treasurer

*S. Reddish*

Date

1 / 26 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                      |               |                      |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

Write or Type Committee Name

## CHRISTIANS 4 REPUBLICANS

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

SCHLISA RADDISH

Mailing Address

201-10 104TH AVENUE

ST. ALBANS

NY

11412

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

917 - 400 - 2747

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

SCHLISA RADDISH

Mailing Address

201-10 104TH AVENUE

ST. ALBANS

NY

11412

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

917 - 400 - 2747

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

TD BANK

Mailing Address

214-32 JAMACIA AVENUE

QUEENS VILLAGE

NY

11428

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

NOON : COUNT : INOUT :

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<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	2/2/15 DATE PREPARED

(8/2013)